

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	E7 MD	626 JGM	4/15/01 05-01-01 0810am

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/10/01
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Claim	Final	Original	Date
51	✓	✓	4/15/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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05-01-01